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LETTER TO THE EDITOR

# Combined foldable artificial iris with foldable IOL implantation through 5-mm incisions—still to be verified in practice

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Dear Editor,

We read with the great interest the paper by Forlini et al. [1], but several issues need to be discussed. It should be said that Dr. C. Forlini is considered to be a leading expert in the field of vitreo-retinal surgery, but nevertheless we would like to make certain points.

The authors recommend implantation of a combined foldable artificial iris with a foldable IOL through a 4- to 5-mm corneal incision, followed by placement of the complex in the sulcus and suturing to the sclera. However, this was not supported by any of the cases presented in the paper. The authors report on four cases to justify the technique: two in which they employed an open-sky technique because of an accompanying corneal transplant (nos. 1 and 2), and the combined device was placed without a corneal incision; one in which the device was not combined—the IOL was implanted in the bag, and an unsutured artificial iris in the sulcus (no. 3); and the last case, in which the combined device was implanted through a corneal incision—however, the incision was 6 mm (no. 4). Thus, although the concept is original and thought-provoking, the authors did not present even a single case of implantation of a combined device through a sub 5-mm corneal incision.

The authors also state in the abstract, “the possibility to correct a complex lesion with one procedure, which is less

traumatic and faster”. There was no comparative procedure or objective data presented to support this conclusion.

The claim of “a perfect aesthetic result” was made. This could be supported with pictures of the other eye, but no such comparative data were presented.

Finally, no functional results were reported. Although there is some minor discussion of intraocular pressure, no visual outcomes are presented. By using an intraocular lens, the assumption is that some degree of visual enhancement is anticipated, but yet no visual outcomes are given.

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## Reference

1. Forlini C, Forlini M, Rejdak R, Prokopiuk A, Levkina O, Bratu A, Rossini P, Cagampang PR 3rd, Cavallini GM (2013) Simultaneous correction of post-traumatic aphakia and aniridia with the use of artificial iris and IOL implantation. *Graefes Arch Clin Exp Ophthalmol* 251(3):667–675

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